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| B1 (Official Form 1)(04/13)   | DC   | Cument  | ıα  | gc I oi                             | 02  |                             |  |                             |
|---|--|---|---|-------------------------------------|---|-----------------------------|--|-----------------------------|
|   | States Bank<br>District of Nev   |   | Court   |                                     |   |                             | Voluntary  | Petition                    |
| Name of Debtor (if individual, enter Last, First Reyes, Henry   | , Middle):   |   | Name  | of Joint De                         | ebtor (Spouse)  | ) (Last, First,             | , Middle):   |                             |
| All Other Names used by the Debtor in the last (include married, maiden, and trade names):  | 8 years  |   |   |                                     | used by the Jo<br>maiden, and t   |                             | in the last 8 years<br>):  |                             |
| Last four digits of Soc. Sec. or Individual-Taxp (if more than one, state all)  xxx-xx-8157   | ayer I.D. (ITIN)/Con   | nplete EIN  | Last fo   | our digits o                        | f Soc. Sec. or  | Individual-7                | Гахрауег I.D. (ITIN) No  | )./Complete EIN             |
| Street Address of Debtor (No. and Street, City,<br>551 Asbury Street<br>New Milford, NJ   | and State):  | ZIP Code  | Street  | Address of                          | Joint Debtor  | (No. and Str                | reet, City, and State):  | ZIP Code                    |
| County of Residence or of the Principal Place of Bergen   | f Business:  | 07646   | Count   | y of Reside                         | ence or of the  | Principal Pla               | ace of Business:   |                             |
| Mailing Address of Debtor (if different from str  | eet address):  |   | Mailin  | g Address                           | of Joint Debto  | or (if differen             | nt from street address):   |                             |
|   | Г  | ZIP Code  | 4   |                                     |   |                             |  | ZIP Code                    |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):  | ŗ  |   | _ <b>-</b>  |                                     |   |                             |  |                             |
| Type of Debtor (Form of Organization) (Check one box)   |  | of Business   |   |                                     |   |                             | otcy Code Under Whice<br>led (Check one box)   | :h                          |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)   | ☐ Health Care B☐ Single Asset R☐ in 11 U.S.C. §☐ Railroad☐ Stockbroker☐ Commodity B☐ Clearing Bank | usiness<br>Real Estate as d<br>101 (51B)<br>roker                                   | efined  | Chapt Chapt Chapt Chapt Chapt Chapt | er 7<br>er 9<br>er 11<br>er 12  | ☐ Cl<br>of<br>☐ Cl<br>of    | napter 15 Petition for Ra<br>a Foreign Main Procee<br>napter 15 Petition for Ra<br>a Foreign Nonmain Pro | ding<br>ecognition          |
| Chapter 15 Debtors Country of debtor's center of main interests:  | Other Tax-Ex   | empt Entity   |   | _                                   |   | (Check                      | e of Debts c one box)  |                             |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending:   | Debtor is a tax-e under Title 26 or  | ex, if applicable)<br>exempt organization<br>of the United State<br>al Revenue Code | es  | defined<br>"incurr                  | are primarily con<br>in 11 U.S.C. §<br>red by an individual, family, or h | 101(8) as<br>dual primarily | busine   | are primarily<br>ess debts. |
| Filing Fee (Check one box  Full Filing Fee attached  Filing Fee to be paid in installments (applicable to attach signed application for the court's considerat debtor is unable to pay fee except in installments. Form 3A.  Filing Fee waiver requested (applicable to chapter | individuals only). Musion certifying that the Rule 1006(b). See Offi 7 individuals only). M        | st Check if: Check all Check all  | btor is a sr<br>btor is not<br>btor's aggr<br>less than<br>applicable | regate nonco<br>\$2,490,925 (       | debtor as defin<br>ness debtor as d<br>ntingent liquida                   | efined in 11 U              |  |                             |
| attach signed application for the court's considerat  | ion. See Official Form   | 3B.   | ceptances   | of the plan w                       |   | epetition from              | one or more classes of cre   | ditors,                     |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt properthere will be no funds available for distribute   | erty is excluded and   | d administrative  |   | es paid,                            |   | THIS                        | SPACE IS FOR COURT   | JSE ONLY                    |
| Estimated Number of Creditors   | 1,000-<br>5,000 5,001-<br>10,000   |   | 5,001-<br>0,000   | 50,001-<br>100,000                  | OVER<br>100,000   |                             |  |                             |
| Estimated Assets  So to \$50,001 to \$100,001 to \$500,001 to \$1 million   | \$1,000,001 \$10,000,001 to \$10 to \$50 million million   | to \$100 to   | ]<br>100,000,001<br>5 \$500<br>nillion                                | \$500,000,001 to \$1 billion        |   |                             |  |                             |
| Estimated Liabilities   | \$1,000,001 \$10,000,001 to \$10 to \$50   |   | ]<br>100,000,001<br>0,\$500   | \$500,000,001<br>to \$1 billion     |   |                             |  |                             |

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Page 2 of 62 **B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Reyes, Henry (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Daniel Kohn October 21, 2015 Signature of Attorney for Debtor(s) (Date) **Daniel Kohn** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**B1** (Official Form 1)(04/13)

Page 3

| Voluntary | <b>Petition</b> |
|-----------|-----------------|
|-----------|-----------------|

(This page must be completed and filed in every case)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

Signature(s) of Debtor(s) (Individual/Joint)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Henry Reyes

Signature of Debtor Henry Reves

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

October 21, 2015

Date

### Signature of Attorney\*

### X /s/ Daniel Kohn

Signature of Attorney for Debtor(s)

### Daniel Kohn

Printed Name of Attorney for Debtor(s)

### Revaz Chachanashvili Law Group PLLC

Firm Name

285 Passaic Street Hackensack, NJ 07601

Address

### 201-282-6500 Fax: 201-282-6501

Telephone Number

### October 21, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Reyes, Henry

### Signatures

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| v |
|---|
| Λ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| <b>T</b> |
|----------|
| v        |
|          |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court District of New Jersey

| In re | Henry Reyes |           | Case No. |   |
|-------|-------------|-----------|----------|---|
|       |             | Debtor(s) | Chapter  | 7 |
|       |             |           |          |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2  |
|--|---|
| deficiency so as to be incapable of realizing responsibilities.);                                | § 109(h)(4) as impaired by reason of mental illness or mental and making rational decisions with respect to financial § 109(h)(4) as physically impaired to the extent of being |
| • ,  | in a credit counseling briefing in person, by telephone, or   |
| through the Internet.);  |   |
| ☐ Active military duty in a military of  | combat zone.  |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in | administrator has determined that the credit counseling this district.  |
| I certify under penalty of perjury that the  | information provided above is true and correct.   |
| Signature of Debtor:   | /s/ Henry Reyes   |
|  | Henry Reyes   |
| Date: October 21, 20   | 115   |
|  |   |

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B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court District of New Jersey**

| In re | Henry Reyes |          | Case No |   |  |
|-------|-------------|----------|---------|---|--|
| -     |             | Debtor , |         |   |  |
|       |             |          | Chapter | 7 |  |
|       |             |          |         |   |  |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 200,000.00        |             |          |
| B - Personal Property  | Yes                  | 4                | 78,161.00         |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 2                |                   | 395,256.00  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 3                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 5                |                   | 179,408.34  |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 8,017.82 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 2                |                   |             | 8,189.66 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 22               |                   |             |          |
|  | T                    | otal Assets      | 278,161.00        |             |          |
|  |                      |                  | Total Liabilities | 574,664.34  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court**District of New Jersey

| In re | Henry Reyes |             | Case No. |   |  |
|-------|-------------|-------------|----------|---|--|
| -     |             | ,<br>Debtor |          |   |  |
|       |             |             | Chapter  | 7 |  |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 12)  | 8,017.82 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 8,189.66 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 8,014.03 |

### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 880.00     |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 179,408.34 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 180,288.34 |

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B6A (Official Form 6A) (12/07)

| _     |             |          |
|-------|-------------|----------|
| In re | Henry Reyes | Case No. |
| _     | <u> </u>    |          |
|       |             | Debtor   |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| 551 Asbury Street, New Milford NJ 07646 |  | J   | 200,000.00   | 386,876.00                 |  |
|---|--|---|--|----------------------------|--|
| Description and Location of Property    | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |  |

Debtor has 50% Interest -- Shared with wife from whom Debtor is presently separated

> Sub-Total > 200,000.00 (Total of this page)

200,000.00 Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Henry Reyes | Case No. | _ |
|-------|-------------|----------|---|
|       |             | Debtor   |   |

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N O Description and Location of Propo E  | JOHIL, OI                        | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|--|----------------------------------|--|
| 1. | Cash on hand  | X  |                                  |  |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Citibank - Checking Account              | -                                | 7,803.00   |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | х  |                                  |  |
| 4. | Household goods and furnishings, including audio, video, and  | 5 Sets Bedroom Furniture                 | -                                | 3,000.00   |
|    | computer equipment.   | 4 TVs                                    | -                                | 2,000.00   |
|    |   | 2 Desktop Computers                      | -                                | 1,000.00   |
|    |   | Dining Room Furniture                    | -                                | 600.00   |
|    |   | Living Room Furniture                    | -                                | 500.00   |
|    |   | Kitchen Table Set                        | -                                | 350.00   |
|    |   | Misc. Household Electronics + Appliances | -                                | 250.00   |
|    |   | Misc. Household Decor and Furnishings    | -                                | 250.00   |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | Misc. Books/CDs/DVDs                     | -                                | 250.00   |
| 6. | Wearing apparel.  | Clothing - 1 Adult                       | -                                | 1,000.00   |
|    |   | Clothing - 2 Children                    | -                                | 1,500.00   |
| 7. | Furs and jewelry.   | X  |                                  |  |
|    |   |  | Sub-Tota<br>(Total of this page) | ıl > 18,503.00   |

**<sup>3</sup>** continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

|     | re Henry Reyes  |                  |   | se No                                       |  |
|-----|---|------------------|---|---|--|
|     |   |                  | Debtor  |   |  |
|     | \$  | SCHED            | OULE B - PERSONAL PROPERTY (Continuation Sheet) | Y   |  |
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property            | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | Х                |   |   |  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | Prime<br>Value   | rica Term Life Insurance - \$0 Present Cash     | -   | 0.00   |
| 10. | Annuities. Itemize and name each issuer.  | X                |   |   |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |   |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | Amer             | ican Funds - IRA Acct. #: Ending XXXX7703       | -   | 43,608.00  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |   |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |   |  |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |   |  |
| 16. | Accounts receivable.  | X                |   |   |  |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |   |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  |   |   |  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |   |  |
|     |   |                  |   | Sub-Total of this page)                     | al > 43,608.00   |

Sheet  $\underline{\ \ 1\ }$  of  $\underline{\ \ 3\ }$  continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In  | re Henry Reyes  |                  |   | ase No                                      |  |
|-----|---|------------------|---|---|--|
|     |   |                  | Debtor  |   |  |
|     |   | SCH              | IEDULE B - PERSONAL PROPERT (Continuation Sheet)  | Y   |  |
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property              | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |   |   |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  |                  | DCPA Violation Lawsuit Award / Pre-suit ettlement | -   | 1,000.00   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | х                |   |   |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |   |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |   |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 2                | 008 Acura MDX - 150,000 Miles                     | -   | 7,300.00   |
| 26. | Boats, motors, and accessories.   | 2                | 014 Yamaha Wave Runner                            | -   | 7,500.00   |
| 27. | Aircraft and accessories.   | x                |   |   |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |   |   |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | Х                |   |   |  |
| 30. | Inventory.  | X                |   |   |  |
| 31. | Animals.  | 2                | Birds   | -   | 250.00   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |   |   |  |
| 33. | Farming equipment and implements.   | X                |   |   |  |

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

16,050.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Henry Reyes | Case No. |
|-------|-------------|----------|
| _     |             | Debtor   |

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 34. Farm supplies, chemicals, and feed.                              | X                |                                      |   |   |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |   |   |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 78,161.00 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Henry Reyes | Case No |
|-------|-------------|---------|
| _     |             |         |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing<br>Each Exemption           | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|---|----------------------------------|---|
| Real Property 551 Asbury Street, New Milford NJ 07646  | 11 U.S.C. § 522(d)(1)                             | 6,562.00                         | 400,000.00  |
| Debtor has 50% Interest Shared with wife from whom Debtor is presently separated                           |   |                                  |   |
| Checking, Savings, or Other Financial Accounts, Citibank - Checking Account                                | Sertificates of Deposit<br>11 U.S.C. § 522(d)(5)  | 7,803.00                         | 7,803.00  |
| Household Goods and Furnishings 5 Sets Bedroom Furniture   | 11 U.S.C. § 522(d)(3)                             | 3,000.00                         | 3,000.00  |
| 4 TVs  | 11 U.S.C. § 522(d)(3)                             | 2,000.00                         | 2,000.00  |
| 2 Desktop Computers  | 11 U.S.C. § 522(d)(3)                             | 1,000.00                         | 1,000.00  |
| Dining Room Furniture  | 11 U.S.C. § 522(d)(3)                             | 600.00                           | 600.00  |
| Living Room Furniture  | 11 U.S.C. § 522(d)(3)                             | 500.00                           | 500.00  |
| Kitchen Table Set  | 11 U.S.C. § 522(d)(3)                             | 350.00                           | 350.00  |
| Misc. Household Electronics + Appliances   | 11 U.S.C. § 522(d)(3)                             | 250.00                           | 250.00  |
| Misc. Household Decor and Furnishings  | 11 U.S.C. § 522(d)(3)                             | 250.00                           | 250.00  |
| Books, Pictures and Other Art Objects; Collectible Misc. Books/CDs/DVDs                                    | <u>s</u><br>11 U.S.C. § 522(d)(3)                 | 250.00                           | 250.00  |
| Wearing Apparel<br>Clothing - 1 Adult  | 11 U.S.C. § 522(d)(3)                             | 1,000.00                         | 1,000.00  |
| Clothing - 2 Children  | 11 U.S.C. § 522(d)(3)                             | 1,500.00                         | 1,500.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension of American Funds - IRA Acct. #: Ending XXXX7703          | or Profit Sharing Plans<br>11 U.S.C. § 522(d)(12) | 43,608.00                        | 43,608.00   |
| Other Contingent and Unliquidated Claims of Ever<br>FDCPA Violation Lawsuit Award / Pre-suit<br>Settlement | y Nature<br>11 U.S.C. § 522(d)(5)                 | 1,000.00                         | 1,000.00  |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2008 Acura MDX - 150,000 Miles                        | 11 U.S.C. § 522(d)(2)<br>11 U.S.C. § 522(d)(5)    | 3,675.00<br>3,625.00             | 7,300.00  |
| Animals<br>2 Birds   | 11 U.S.C. § 522(d)(3)                             | 250.00                           | 250.00  |
|  |   |                                  |   |

470,661.00

77,223.00

Total:

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B6D (Official Form 6D) (12/07)

| In re | Henry Reyes | Case No. |
|-------|-------------|----------|
| _     |             | Debtor , |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                  | C O D E B T O R | 1 | NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN   | CONTINGEN | N L Q U L  | - 0 P U T E C | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|-----------------|---|--|-----------|------------|---------------|--|---------------------------------|
| Account No. xxxxx1812  American Honda Finance Attn. Bankruptcy Dept. PO Box 168088 Irving, TX 75016                   |                 | - | Opened 7/01/10 Last Active 8/05/15  ACCOUNT CLOSED - Automobile  Value \$ Unknown  | Т         | A T E D    |               | 0.00   | Unknown                         |
| Account No. xxxxxxxxx5257  Chase Manhattan Mortgage Attn: Bankruptcy Dept. 3415 Vision Drive Columbus, OH 43219       |                 | - | Opened 7/01/08 Last Active 11/29/10  ACCOUNT CLOSED - FHA Real Estate  Mortgage  Value \$ Unknown  |           |            |               | 0.00   | Unknown                         |
| Account No. xxxx. #: xxxxx5993  Flagstar Bank Attn: Bankruptcy Dept. 5151 Corporate Drive Troy, MI 48098              |                 | - | Opened 5/01/12 Last Active 4/01/15  551 Asbury Street, New Milford NJ 07646  Debtor has 50% Interest Shared with wife from whom Debtor is presently separated  Value \$ 400,000.00 |           |            |               | 386,876.00   | 0.00                            |
| Account No. xxxxx5510  Nationwide Acceptance Corp. Attn. Bankruptcy Dept. 105 Decker Court Suite 725 Irving, TX 75062 |                 | - | Opened 1/01/11 Last Active 5/23/12  ACCOUNT CLOSED - FHA Real Estate  Mortgage  Value \$ Unknown   |           |            |               | 0.00   | Unknown                         |
| continuation sheets attached  |                 |   |  |           | ota<br>pag | -             | 386,876.00   | 0.00                            |

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

| In re | Henry Reyes |        | Case No. |
|-------|-------------|--------|----------|
| _     |             | Debtor |          |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | Hi<br>W<br>J<br>C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | LIQUIDA     | U T E D  | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|-------------------|--|-----------|-------------|----------|--|---------------------------------|
| Account No. Acct. #: 0176559932512323  |                 |                   | Opened 6/01/14 Last Active 8/31/15   | ٦ ⊤       | T<br>E<br>D |          |  |                                 |
| Yamaha / HSBC<br>Attn: Bankruptcy Dept.<br>PO Box 5264<br>Carol Stream, IL 60197               |                 | -                 | 2014 Yamaha Wave Runner  |           |             |          |  |                                 |
|  |                 |                   | Value \$ 7,500.00  | 1         |             |          | 8,380.00   | 880.00                          |
| Account No.  |                 |                   | Value \$   |           |             |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                              |                                 |
| Account No.  | ╁               | +                 | Value \$   | ╁         | $\vdash$    | $\vdash$ |  | _                               |
| Account No.  |                 |                   | Value \$   | _         |             |          |  |                                 |
|  |                 |                   | Value \$   | _         |             |          |  |                                 |
| Account No.  |                 |                   | Value \$   |           |             |          |  |                                 |
| Sheet _1 of _1 continuation sheets atta  |                 | ed to             | d to Subtotal  |           |             |          | 8,380.00   | 880.00                          |
| Schedule of Creditors Holding Secured Claims   | S               |                   | (Total of this page)  Total  |           |             |          | 395,256.00   | 880.00                          |
| (Report on Summary of Scheo  |                 |                   |  |           |             | es)      | ,  |                                 |

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B6E (Official Form 6E) (4/13)

| In re | Henry Reyes | Case No. |  |
|-------|-------------|----------|--|
| -     |             | Debtor , |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian."

|  | liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate petition is filed, state whether the husband, wife, both of them, or the marital community may be          |
|--|--|
| liable on each claim by placing an "H," "W," "J," or "C" in the colu   | umn labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column lal               |
| "Disputed." (You may need to place an "X" in more than one of the  | ese three columns.)  |
| "Total" on the last sheet of the completed schedule. Report this total   |  |
| Report the total of amounts entitled to priority listed on each s listed on this Schedule E in the box labeled "Totals" on the last she also on the Statistical Summary of Certain Liabilities and Related I | heet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priorite of the completed schedule. Individual debtors with primarily consumer debts report this total Data.        |
|  | ch sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled t last sheet of the completed schedule. Individual debtors with primarily consumer debts report this ted Data. |
| ☐ Check this box if debtor has no creditors holding unsecured pri  | ority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate be   | ox(es) below if claims in that category are listed on the attached sheets)   |
| ☐ Domestic support obligations   |  |
|  | a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relativipport claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).                              |
| $\square$ Extensions of credit in an involuntary case  |  |
| Claims arising in the ordinary course of the debtor's business of trustee or the order for relief. 11 U.S.C. § 507(a)(3).  | financial affairs after the commencement of the case but before the earlier of the appointment of  |
| ☐ Wages, salaries, and commissions   |  |
| Wages, salaries, and commissions, including vacation, severand representatives up to \$12,475* per person earned within 180 days occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).            | te, and sick leave pay owing to employees and commissions owing to qualifying independent sale immediately preceding the filing of the original petition, or the cessation of business, whichever                  |
| ☐ Contributions to employee benefit plans  |  |
|  | within 180 days immediately preceding the filing of the original petition, or the cessation of busines (a)(5).   |
| ☐ Certain farmers and fishermen  |  |
| Claims of certain farmers and fishermen, up to \$6,150* per farmers  | ner or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals  |  |
| Claims of individuals up to \$2,775* for deposits for the purcha delivered or provided. 11 U.S.C. § 507(a)(7).   | se, lease, or rental of property or services for personal, family, or household use, that were not   |
| ■ Taxes and certain other debts owed to governmental   | units  |
| Taxes, customs duties, and penalties owing to federal, state, and  | l local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured d  | epository institution  |
|  | ne Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal e capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was   | intoxicated  |
| Claims for death or personal injury resulting from the operation another substance. 11 U.S.C. § 507(a)(10).  | of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Henry Reyes | Case No |
|-------|-------------|---------|
| -     |             | Debtor  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT N L L Q U L D A T E D S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** W INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER J С (See instructions.) Account No. xxxxxxxxxxxxx0001 Opened 1/02/97 Last Active 8/14/15 **ACCOUNT CLOSED - Educational** Dept. of Education / Aspire Resources 0.00 Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265 0.00 0.00 Account No. xxxxxxxxxxxxx0002 Opened 11/19/97 Last Active 8/14/15 **ACCOUNT CLOSED - Educational** Dept. of Education / Aspire Resources 0.00 Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265 0.00 0.00 Account No. xxxxxxxxxxxxx0003 Opened 12/09/98 Last Active 8/14/15 ACCOUNT CLOSED - Educational **Dept. of Education / Aspire Resources** 0.00 Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265 0.00 0.00 Account No. xxxx. #: xxxxxxxxxxx5161 Opened 12/09/98 Last Active 10/14/12 **ACCOUNT CLOSED - Educational US Dept. of Education** 0.00 Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116 0.00 0.00 Opened 11/19/97 Last Active 10/14/12 Account No. xxxx. #: xxxxxxxxxxxx5061 **ACCOUNT CLOSED - Educational** US Dept. of Education 0.00 Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116 0.00 0.00 Subtotal 0.00 Sheet 1 of 2 continuation sheets attached to (Total of this page) 0.00 0.00 Schedule of Creditors Holding Unsecured Priority Claims

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Henry Reyes | Case No  |
|-------|-------------|----------|
| -     |             | , Debtor |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, NLIQUIDATED ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C J AND ACCOUNT NUMBER (See instructions.) Account No. xxxx. #: xxxxxxxxxx4961 Opened 1/02/97 Last Active 10/14/12 **ACCOUNT CLOSED - Educational US Dept. of Education** 0.00 Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116 0.00 0.00 Account No. xxxx. #: xxxxxx1571 Opened 1/02/97 Last Active 9/14/11 **ACCOUNT CLOSED - Educational US Dept. of Education** 0.00 Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116 0.00 0.00 Account No. Account No. Account No. Subtotal 0.00 Sheet **2** of **2** continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims (Total of this page) 0.00 0.00 Total 0.00 (Report on Summary of Schedules) 0.00 0.00

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| R6F    | Official | Form  | 6F)  | (12/07) |
|--------|----------|-------|------|---------|
| DOL: 1 | Official | TUITO | OI.) | (12/0/  |

| In re | Henry Reyes | Case No. | _ |
|-------|-------------|----------|---|
| _     |             | Debtor   |   |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS  | 000      |             | usband, Wife, Joint, or Community  | CO          | U<br>N | lт               | ı <b>İ</b>      |
|--|----------|-------------|--|-------------|--------|------------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE            | NHLNGEN     | Iт     | P<br>U<br>T<br>F | AMOUNT OF CLAIM |
| Account No. Acct. #: Ending XXXX7-53005  |          |             | Opened 2/01/92 Last Active 10/02/15  | T           | TED    |                  |                 |
| American Express<br>Attn. Billing & Bankruptcy Dept.<br>P.O. Box 981535<br>El Paso, TX 79998 |          | -           | Credit Card JetBlue Card From American Express Acct. #: Ending XXXX7-53005 |             | D      |                  | 2,780.00        |
| Account No. xxxxxxxxxxxx7183   | H        |             | Opened 4/01/00 Last Active 9/01/15   | t           |        |                  |                 |
| American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355                        |          | -           | Credit Card  |             |        |                  |                 |
|  |          |             |  |             |        |                  | 0.00            |
| Account No. xxxxxxxxxxxx8663   | Γ        |             | Opened 10/12/00  |             |        |                  |                 |
| American Express Po Box 3001 16 General Warren Blvd  |          | -           | Credit Card  |             |        |                  |                 |
| Malvern, PA 19355  |          |             |  |             |        |                  | 0.00            |
| Account No. xxxxxxxxxxxx1113   |          |             | Opened 10/12/00  |             |        |                  |                 |
| American Express Po Box 3001 16 General Warren Blvd  |          | -           | Credit Card  |             |        |                  |                 |
| Malvern, PA 19355  |          |             |  |             |        |                  | 0.00            |
| _4 continuation sheets attached  |          |             | (Total of t  | Subt<br>his |        |                  | 2,780.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Henry Reyes | Case No. |
|-------|-------------|----------|
|       |             | Debtor   |

| Γ  | 1               | ш     | shand Wife Joint or Community  | 10        | Ιυ          | D      |                 |
|--|-----------------|-------|--|-----------|-------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)            | C O D E B T O R | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  | CONTINGEN | ONLIQUIDATE | S<br>P | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx5533   |                 |       | Opened 4/25/00   | ٦         | E           |        |                 |
| American Express<br>Po Box 3001<br>16 General Warren Blvd<br>Malvern, PA 19355                               |                 | -     | Credit Card  |           | D           |        | 0.00            |
| Account No. xxxxxxxxxxxx7003   | t               | _     | Opened 4/25/00   | +         |             |        |                 |
| American Express<br>Po Box 3001<br>16 General Warren Blvd<br>Malvern, PA 19355                               |                 | -     | Credit Card  |           |             |        | 0.00            |
| Account No. xxxxxxxxxxxx6013   | t               |       | Opened 2/15/00 Last Active 3/07/10   | +         |             |        |                 |
| American Express<br>Po Box 3001<br>16 General Warren Blvd<br>Malvern, PA 19355                               |                 | -     | Credit Card  |           |             |        | 0.00            |
| Account No. Acct. #: Ending XXXX5-73006  | I               |       | Credit Card - Business Platinum Card   | +         |             |        |                 |
| American Express Attn. Billing & Bankruptcy Dept. P.O. Box 981535 El Paso, TX 79998                          |                 | _     | Acct. #: Ending XXXX5-73006  Personal Guarantee on Business Loan and Credit Line  Debtor Co-Signed on Debt, He Is No Longer Affiliated With The Business |           |             |        | 49,415.34       |
| Account No. xxxxxxxxxx9683   |                 |       | Opened 5/01/15 Last Active 8/01/15   |           |             |        |                 |
| Amex Dsnb<br>9111 Duke Blvd<br>Mason, OH 45040   |                 | -     | Credit Card  |           |             |        | 0.00            |
| Sheet no. <u>1</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                 |       | (Total of  | Subt      |             |        | 49,415.34       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Henry Reyes | Case No. | _ |
|-------|-------------|----------|---|
| _     |             | Debtor   |   |

|  | С        | Ни          | sband, Wife, Joint, or Community  |            | С   | u                | D    |                 |
|--|----------|-------------|---|------------|-----|------------------|------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                    | CODEBTOR | C<br>H<br>M | DATE CLAIM WAS INCURRED AN<br>CONSIDERATION FOR CLAIM. IF CLA<br>IS SUBJECT TO SETOFF, SO STATE | AIM        | O   | QULD             | lı I | AMOUNT OF CLAIM |
| Account No. xxxx. #: xxxxxxxxxxxxx6181   |          |             | Opened 11/01/05 Last Active 9/07/15   |            | Т   | A<br>T<br>E<br>D |      |                 |
| Capital 1 / Best Buy<br>Best Buy Credit Services<br>Attn. Bankruptcy Dept.<br>PO Box 790441<br>Saint Louis, MO 63179 |          | -           | Charge Account<br>Acct. #: 7021270323986181   |            |     | D                |      | 3,675.00        |
| Account No. xxxxxxxxxxx4735  |          |             | Opened 11/01/05 Last Active 5/16/06   |            |     |                  | П    |                 |
| Capital One<br>Attn: Bankruptcy<br>Pob 30253<br>Salt Lake City, UT 84130   |          | -           | Credit Card   |            |     |                  |      | 0.00            |
| Account No. xxxx. #: xxxxxxxxxxxx6633  |          |             | Opened 3/01/07 Last Active 9/18/15  |            |     |                  |      |                 |
| Capital One Retail Srvcs / Lord & Taylor<br>Attn. Bankruptcy Dept.<br>PO Box 30258<br>Salt Lake City, UT 84130-0258  |          | -           | Charge Account<br>Acct. #: 6045840479936633   |            |     |                  |      | 2,332.00        |
| Account No. xxxx. #: xxxxxxxx0001  | 1        |             | Unseucred Loan  |            |     |                  | Н    |                 |
| Chase<br>Attn. Bankruptcy Dept.<br>PO Box 6026<br>Chicago, IL 60680  |          | -           | Acct. #: 451919010001   |            |     |                  |      | 75,000.00       |
| Account No. xxxx. #: xxxxxxxxxxx7898   | t        | $\vdash$    | Opened 8/01/13 Last Active 9/21/15  |            |     |                  | H    |                 |
| Chase Card Services<br>Attn: Bankruptcy Dept.<br>Po Box 15298<br>Wilmington, DE 19850                                |          | -           | Credit Card<br>Acct. #: 4266841330257898  |            |     |                  |      | 5,907.00        |
| Sheet no. 2 of 4 sheets attached to Schedule of  |          |             |   | S          | ub1 | tota             | 1    |                 |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (T  | otal of th | iis | pag              | ge)  | 86,914.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Henry Reyes | Case No. | _ |
|-------|-------------|----------|---|
| _     |             | Debtor   |   |

| Γ  | Ιc       | ш           | Johand Wife Joint or Community  | С        | Ιυ     | D                          |                 |
|--|----------|-------------|---|----------|--------|----------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                    | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.   | ONTINGEN | N<br>L | I<br>S<br>P<br>U<br>T<br>F | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx0104   | Γ        |             | Opened 5/01/06 Last Active 9/26/13  | Т        | E      |                            |                 |
| Chase Card Services<br>Attn:Bankruptcy Dept<br>Po Box 15298<br>Wilmington, DE 19850                                  |          | -           | Credit Card   |          | D      |                            | 0.00            |
| Account No. xxxx. #: xxxxxxxxxxxxx3091  Chase Card Services Attn: Bankruptcy Dept. PO Box 15298 Wilmington, DE 19850 |          | -           | Opened 8/01/13 Last Active 9/21/15 Credit Card Acct. #: 4246315201583091 Personal Guarantee on Business Loan and Credit Line Debtor Co-Signed on Debt, He Is No Longer Affiliated With The Business |          |        |                            | 24,309.00       |
| Account No. xxxxxxxxx7220  Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040                       |          | -           | Opened 3/16/98 Last Active 8/03/15 Charge Account   |          |        |                            | 0.00            |
| Account No. xxxxxxxxx7236  Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040                       |          | -           | Opened 11/29/08 Last Active 7/01/11 Charge Account  |          |        |                            | 0.00            |
| Account No. xxxxxxxx6723  Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040                        |          | -           | Opened 3/01/98 Last Active 8/03/15 Charge Account   |          |        |                            | 0.00            |
| Sheet no. <b>3</b> of <b>4</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims         |          | •           | (Total of   | Sub      |        |                            | 24,309.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Henry Reyes | Case No | _ |
|-------|-------------|---------|---|
| _     |             | Debtor  |   |

|  | 1.       | 1                |   | <b></b>   | T         | . T | _        |   |
|--|----------|------------------|---|-----------|-----------|-----|----------|---|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | CODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | NL I GU I |     | DISPUTED | AMOUNT OF CLAIM                         |
| Account No. Acct. #: 3657217   | 1        |                  | 8/5/2014  | T         | ΙE        | :   |          |   |
| NYU Hospitals Center<br>Attn. Billing & Bankruptcy Dept.<br>PO Box 415234<br>Boston, MA 02241-5234 |          | -                | Medical<br>Acct. #: 3657217<br>PAAN #: 59852624<br>Date of Service: 8/5/2014                  |           | D         |     |          | 1,840.00                                |
| Account No. xxxx. #: xxxxxxxxxxxx2286  | t        | T                | Opened 11/01/11 Last Active 8/20/15   | 十         | t         | †   | $\dashv$ |   |
| Synchrony Bank / Amazon<br>Attn: Bankruptcy Dept.<br>PO Box 103104<br>Roswell, GA 30076            |          | -                | Charge Account Acct. #: 6045781014952286  |           |           |     |          |   |
|  |          |                  |   |           |           |     |          | 5,770.00                                |
| Account No. xxxxx2173  |          |                  | Opened 3/01/07 Last Active 9/07/07  | $\top$    | T         | 1   |          |   |
| Synchrony Bank/Lord & Taylor Attn: Bankruptcy Po Box 103104  |          | -                | Charge Account  |           |           |     |          |   |
| Roswell, GA 30076  |          |                  |   |           |           |     |          | 0.00                                    |
| Account No. xxxxxxxxxxxx9794   | ╀        | -                | Opened 11/01/95 Last Active 2/17/07   | +         | +         | 4   | 4        | 0.00                                    |
| Account No. xxxxxxxxxxy794   | ┨        |                  | Opened 11/01/95 Last Active 2/17/07   |           |           |     |          |   |
| Synchrony Bank/Lord & Taylor<br>Attn: Bankruptcy<br>Po Box 103104<br>Roswell, GA 30076             |          | -                | Charge Account  |           |           |     |          |   |
|  |          |                  |   |           |           |     |          | 0.00                                    |
| Account No. Acct. #: 0176559932512323  | T        | t                | Opened 6/01/14 Last Active 8/31/15  | +         | T         | †   | $\dashv$ |   |
| Yamaha / HSBC<br>Attn: Bankruptcy Dept.<br>PO Box 5264<br>Carol Stream, IL 60197                   |          | -                | Charge Account<br>Acct. #: 0176559932512323<br>2014 Yamaha Wave Runner                        |           |           |     |          |   |
|  |          |                  |   |           |           |     |          | 8,380.00                                |
| Sheet no4 of _4 sheets attached to Schedule of   |          | 1                | ı   | Sub       | tot       | al  | 1        | 15 000 00                               |
| Creditors Holding Unsecured Nonpriority Claims   |          |                  | (Total of   | this      | pa        | ge  | e) [     | 15,990.00                               |
|  |          |                  | <i>a</i>  |           | Tot       |     | - 1      | 179,408.34                              |
|  |          |                  | (Report on Summary of S   | che       | aul       | ies | s) [     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

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B6G (Official Form 6G) (12/07)

| In re | Henry Reyes | Case No |
|-------|-------------|---------|
| _     |             |         |
|       |             | Debtor  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-29773-RG Doc 1 Filed 10/21/15 Entered 10/21/15 11:58:41 Desc Main Document Page 25 of 62

B6H (Official Form 6H) (12/07)

| In re | Henry Reyes | Case No. |
|-------|-------------|----------|
| -     |             | Debtor   |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill               | in this information to identify your c   | ase:  |   |                    |                |                     |                       |                           |                                |   |  |  |
|--------------------|--|---|---|--------------------|----------------|---------------------|-----------------------|---------------------------|--------------------------------|---|--|--|
| Del                | otor 1 Henry Reyes   | <b>3</b>  |   |                    |                |                     |                       |                           |                                |   |  |  |
|                    | otor 2   |   |   |                    |                |                     |                       |                           |                                |   |  |  |
| Uni                | ted States Bankruptcy Court for the  | : DISTRICT OF NEW J                               | JERSEY  |                    |                |                     |                       |                           |                                |   |  |  |
|                    | se number<br>nown)   |   | -   |                    |                | □ A                 |                       | ed filing<br>ent sh       | owing post-pe                  |   |  |  |
| 0                  | fficial Form B 6I  |   |   |                    |                | _                   |                       |                           | he following d                 | ate:  |  |  |
|                    | chedule I: Your Inc  | ome   |   |                    |                | IV                  | IM / DD/              | YYYY                      |                                | 12/13   |  |  |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili r spouse is not filing w | ng jointly, and your ith you, do not inclu          | spouse<br>de infor | is liv<br>mati | ing with<br>on abou | you, ind<br>t your sp | lude i                    | nformation all<br>If more spac | bout your<br>e is needed,                     |  |  |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                    |                |                     | Debtor                | 2 or no                   | on-filing spou                 | ıse   |  |  |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status                                 | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                    |                |                     |                       | ☐ Employed ☐ Not employed |                                |   |  |  |
|                    | employers.   | Occupation  | Healthcare Exe                                      | cutive             |                |                     |                       |                           |                                |   |  |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                   | Data Driven Del                                     | ms                 |                |                     |                       |                           |                                |   |  |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                | 111 Broadway<br>Suite #1005<br>New York, NY 1       |                    |                |                     |                       |                           |                                |   |  |  |
|                    |  | How long employed t                               | here? 3 Years                                       | <b>i</b>           |                |                     | _                     |                           |                                |   |  |  |
| Par                | t 2: Give Details About Mor  | nthly Income                                      |   |                    |                |                     |                       |                           |                                |   |  |  |
| Esti               | mate monthly income as of the duse unless you are separated.   | •   | you have nothing to r                               | eport for          | any            | line, writ          | e \$0 in th           | e spac                    | e. Include you                 | ır non-filing                                 |  |  |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |   | ombine the informatio                               | n for all          | empl           | oyers for           | that pers             | son on                    | the lines belo                 | w. If you need                                |  |  |
|                    |  |   |   |                    |                | For Del             | otor 1                |                           | Debtor 2 or<br>n-filing spous  | se .  |  |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |   | 2.                 | \$             | 12                  | ,500.00               | \$_                       | N                              | I/A   |  |  |
| 3.                 | Estimate and list monthly overt  | ime pay.  |   | 3.                 | +\$            |                     | 0.00                  | +\$                       | N                              | I/A_  |  |  |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                                    |   | 4.                 | \$             | 12,50               | 00.00                 | \$                        | N/A                            | <u>,                                     </u> |  |  |

Official Form B 6I Schedule I: Your Income page 1

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| Debto | r 1  | Henry Reyes  |             | Case       | number (if known)         |               |                            |          |
|-------|--|--|-------------|------------|---------------------------|---------------|----------------------------|----------|
|       |  |  |             | For        | Debtor 1                  |               | ebtor 2 or<br>lling spouse |          |
| (     | Сор  | y line 4 here  | 4.          | \$_        | 12,500.00                 | \$            | N/A                        |          |
| 5.    | List   | all payroll deductions:  |             |            |                           |               |                            |          |
|       | 5a.  | Tax, Medicare, and Social Security deductions  | 5a.         | \$         | 3,482.18                  | \$            | N/A                        |          |
|       | 5b.  | Mandatory contributions for retirement plans   | 5b.         | \$_        | 0.00                      | \$            | N/A                        |          |
| ;     | 5c.  | Voluntary contributions for retirement plans   | 5c.         | \$         | 1,000.00                  | \$            | N/A                        |          |
|       | 5d.  | Required repayments of retirement fund loans   | 5d.         | \$         | 0.00                      | \$            | N/A                        |          |
|       | 5e.  | Insurance  | 5e.         | \$         | 0.00                      | \$            | N/A                        |          |
|       | 5f.  | Domestic support obligations   | 5f.         | \$_        | 0.00                      | \$            | N/A                        |          |
|       | 5g.  | Union dues   | 5g.         | \$         | 0.00                      | \$            | N/A                        |          |
| ;     | 5h.  | Other deductions. Specify:   | _ 5h.+      | \$_        | 0.00                      | + \$          | N/A                        |          |
| 6.    | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | \$_        | 4,482.18                  | \$            | N/A                        |          |
| 7.    | Cald   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$         | 8,017.82                  | \$            | N/A                        |          |
|       | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                | 90          | \$         | 0.00                      | ¢             | N/A                        |          |
|       | 8b.  | monthly net income. Interest and dividends   | 8a.<br>8b.  | \$<br>_    | 0.00                      | \$            | N/A<br>N/A                 |          |
|       | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |             | · <u> </u> |                           | · <del></del> |                            |          |
|       | 8d.  | settlement, and property settlement.  Unemployment compensation  | 8c.<br>8d.  | \$_<br>\$  | 0.00                      | \$            | N/A<br>N/A                 |          |
|       | 8e.  | Social Security  | 8e.         | \$<br>     | 0.00                      | \$            | N/A                        |          |
|       | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:     | _ 8f.       | \$         | 0.00                      | \$            | N/A                        |          |
|       | 8g.<br>8h.   | Pension or retirement income Other monthly income. Specify:  | 8g.<br>8h.+ | \$<br>\$   | 0.00                      | \$            | N/A<br>N/A                 |          |
| •     | orr.   | Other monthly income. Specify.   | _ 011.+     | Ψ_         | 0.00                      | - Ψ <u> </u>  | IN/A                       |          |
| 9     | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$         | 0.00                      | \$            | N/A                        |          |
| 10    | Cald   | culate monthly income. Add line 7 + line 9.  | 10. \$      | 9          | 8,017.82 + \$             |               | N/A = \$ 8                 | ,017.82  |
|       |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | · o.   • -  |            | 5,017.02 ·   <sup>4</sup> |               |                            | ,017.02  |
| 11.   | Stat<br>Included the state of the | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen       |            |                           |               | chedule J.<br>11. +\$      | 0.00     |
| ,     |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |             |            | ,                         |               | 12. \$8                    | 3,017.82 |
| 13.   | Do y   | you expect an increase or decrease within the year after you file this form?   | ?           |            |                           |               | Combine monthly            |          |
|       |  | No.<br>Yes Explain:  |             |            |                           |               |                            |          |

Official Form B 6I Schedule I: Your Income page 2

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| Fill in        | this informa                  | ation to identify ye                                 | our case:                  |  |   |           |  |  |
|----------------|-------------------------------|--|----------------------------|--|---|-----------|--|--|
| Debtor         | r 1                           | Henry Reyes  | <b>i</b>                   |  |   | Che       | eck if this is:                            |  |
|                |                               |  |                            |  |   |           | An amended filing                          |  |
| Debtor         |                               |  |                            |  |   |           |  | wing post-petition chapter                   |
| Spous          | se, if filing)                |  |                            |  |   |           | 13 expenses as of                          | the following date.                          |
| United         | l States Bankr                | uptcy Court for the:                                 | DISTRI                     | CT OF NEW JERSEY   |   |           | MM / DD / YYYY                             |  |
| Case r         | number<br>wn)                 |  |                            |  |   |           | A separate filing fo<br>2 maintains a sepa | or Debtor 2 because Debto<br>arate household |
| Offi           | icial Fo                      | orm B 6J   |                            |  |   |           |  |  |
| Sch            | hedule                        | J: Your  | _<br>Expen                 | ises   |   |           |  | 12/1:  |
| inforr<br>numb | mation. If moer (if know      | nore space is ne<br>n). Answer ever                  | eeded, atta<br>ry question | If two married people a<br>sch another sheet to this<br>n. |   |           |  |  |
| Part 1         | Desci                         | ribe Your House                                      | hold                       |  |   |           |  |  |
|                |                               |  |                            |  |   |           |  |  |
|                | No. Go to                     |  | in a concr                 | ata hawaahald?   |   |           |  |  |
| L              |                               |  | ın a separ                 | ate household?   |   |           |  |  |
|                |                               | -  | st file a sep              | parate Schedule J.   |   |           |  |  |
| 2.             | Do you hav                    | e dependents?  | □ No                       |  |   |           |  |  |
|                | Do not list D<br>and Debtor 2 |  | ■ Yes.                     | Fill out this information for each dependent               | Dependent's relation Debtor 1 or Debtor |           | Dependent's age                            | Does dependent live with you?                |
|                | Do not state                  | the  |                            |  |   |           |  | □ No   |
| C              | dependents'                   | names.   |                            |  | Son                                     |           | 6  | ■ Yes  |
|                |                               |  |                            |  |   |           |  | □ No   |
|                |                               |  |                            |  | Daughter                                |           | 8  | Yes  |
|                |                               |  |                            |  |   |           |  | □ No   |
|                |                               |  |                            |  |   |           |  | ☐ Yes  |
|                |                               |  |                            |  |   |           |  | □ No<br>□ Yes                                |
| <u> </u>       | expenses of yourself and      | penses include<br>f people other t<br>d your depende | han<br>nts?                | No<br>Yes  |   |           |  | □ 165  |
|                |                               | ate Your Ongoi                                       |                            | ly Expenses<br>uptcy filing date unless y                  | VOIL are lising this fo                 | rm as a a | unnlement in a Ch                          | anter 13 case to report                      |
| exper          |                               |  |                            |  |   |           |  | of the form and fill in the                  |
| the va         |                               | h assistance an                                      |                            | government assistance<br>cluded it on <i>Schedule I:</i>   |   |           | Your exp                                   | enses  |
|                |                               | or home owners<br>and any rent for th                |                            | ses for your residence.                                    | Include first mortgage                  | 4.        | \$   | 3,335.66                                     |
| ŀ              | f not includ                  | ded in line 4:                                       |                            |  |   |           |  |  |
| 4              | 4a. Real e                    | estate taxes   |                            |  |   | 4a.       | \$   | 0.00   |
|                |                               | rty, homeowner's                                     | s, or renter               | 's insurance   |   | 4b.       | ·  | 0.00   |
| 2              |                               | •  |                            | upkeep expenses  |   | 4c.       | \$   | 0.00   |
|                |                               | owner's associa                                      |                            |  |   | 4d.       | \$   | 0.00   |
| 5 4            | ∆dditional ı                  | nortgage navm  | ants for vc                | <b>our residence</b> , such as ho                          | nme equity loans                        | 5         | 2  | 0.00   |

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| Debtor 1 He        | enry Reyes   | Case num | ber (if known) |                          |
|--------------------|--|----------|----------------|--------------------------|
| 6. Utilities:      | :  |          |                |                          |
| 6a. El             | ectricity, heat, natural gas   | 6a.      | \$             | 400.00                   |
| 6b. W              | ater, sewer, garbage collection  | 6b.      | \$             | 75.00                    |
| 6c. Te             | elephone, cell phone, Internet, satellite, and cable services  | 6c.      | \$             | 0.00                     |
| 6d. Ot             | ther. Specify: Verizon - Cell Phone  | 6d.      | \$             | 100.00                   |
|                    | erizon - Fios Home TV, Internet & Phone  |          | \$             | 250.00                   |
|                    | nd housekeeping supplies   | 7.       | \$             | 800.00                   |
|                    | re and children's education costs  | 8.       | \$             | 800.00                   |
|                    | g, laundry, and dry cleaning   | 9.       | \$             | 250.00                   |
| •                  | al care products and services  | 10.      | \$             | 50.00                    |
|                    | and dental expenses  | 11.      | \$             | 100.00                   |
|                    | ortation. Include gas, maintenance, bus or train fare.   |          | <b>—</b>       | 100.00                   |
|                    | nclude car payments.   | 12.      | \$             | 1,250.00                 |
|                    | nment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$             | 0.00                     |
| 1. Charitat        | ole contributions and religious donations  | 14.      | \$             | 0.00                     |
| 5. <b>Insuran</b>  | ce.  |          |                |                          |
| Do not in          | nclude insurance deducted from your pay or included in lines 4 or 20.  |          |                |                          |
| 15a. Lif           | fe insurance   | 15a.     | \$             | 120.00                   |
| 15b. He            | ealth insurance  | 15b.     | \$             | 0.00                     |
| 15c. Ve            | ehicle insurance   | 15c.     | \$             | 385.00                   |
| 15d. Ot            | ther insurance. Specify:   | 15d.     | \$             | 0.00                     |
| 6. <b>Taxes.</b> [ | Do not include taxes deducted from your pay or included in lines 4 or 20.  |          |                |                          |
| Specify:           |  | 16.      | \$             | 0.00                     |
|                    | ent or lease payments:   |          | _              |                          |
|                    | ar payments for Vehicle 1  | 17a.     | *              | 0.00                     |
|                    | ar payments for Vehicle 2  | 17b.     | \$             | 0.00                     |
|                    | ther. Specify: Yamaha Monthly Payment  | 17c.     | \$             | 154.00                   |
|                    | ther. Specify:   | 17d.     | \$             | 0.00                     |
| 3. Your pa         | yments of alimony, maintenance, and support that you did not report  | as       | <b>c</b>       | 0.00                     |
| deducte            | d from your pay on line 5, Schedule I, Your Income (Official Form 6I).   | 18.      | ·              |                          |
| _                  | ayments you make to support others who do not live with you.   | 40       | \$             | 0.00                     |
| Specify:           | al annual transport of the body by the second of the forms of the  | 19.      |                |                          |
|                    | eal property expenses not included in lines 4 or 5 of this form or on Sc   |          |                | 0.00                     |
|                    | ortgages on other property   | 20a.     |                | 0.00                     |
|                    | eal estate taxes   | 20b.     | ·              | 0.00                     |
|                    | roperty, homeowner's, or renter's insurance  | 20c.     | ·              | 0.00                     |
|                    | aintenance, repair, and upkeep expenses  | 20d.     | \$             | 0.00                     |
|                    | omeowner's association or condominium dues   | 20e.     | \$             | 0.00                     |
| l. Other: S        | Specify: Student Loan Payment Plan   | 21.      | +\$            | 120.00                   |
| Your mo            | onthly expenses. Add lines 4 through 21.   | 22.      | \$             | 8,189.66                 |
|                    | ult is your monthly expenses.  |          |                | 0,100.00                 |
|                    | te your monthly net income.  |          |                |                          |
|                    | opy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$             | 8,017.82                 |
|                    | ppy your monthly expenses from line 22 above.  | 23b.     |                | 8,189.66                 |
|                    | 177  |          |                | <u> </u>                 |
| 23c. St            | ubtract your monthly expenses from your monthly income.  |          |                |                          |
|                    | ne result is your monthly net income.  | 23c.     | \$             | -171.84                  |
| For examp          | expect an increase or decrease in your expenses within the year after ple, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage? |          |                | or decrease because of a |
| ☐ Yes.             |  |          |                |                          |
| Explain:           |  |          |                |                          |

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**B6 Declaration (Official Form 6 - Declaration).** (12/07)

## **United States Bankruptcy Court District of New Jersey**

| In re | Henry Reyes   |                 |                                    | Case No.      |      |
|-------|---|-----------------|------------------------------------|---------------|------|
|       |   |                 | Debtor(s)                          | Chapter       | 7    |
|       | DECLARA   | ΓΙΟΝ CONCERN    | NING DEBTO                         | R'S SCHEDUL   | ES   |
|       | DECLARATION   | UNDER PENALTY ( | OF PERJURY BY                      | INDIVIDUAL DE | BTOR |
|       | I declare under penalty of of24 sheets, and that they are |                 |                                    |               |      |
| Date  | October 21, 2015  | Signature       | /s/ Henry Reyes Henry Reyes Debtor |               |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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### United States Bankruptcy Court District of New Jersey

| In re | Henry Reyes | <b>9</b> S |         |   |
|-------|-------------|------------|---------|---|
|       |             | Debtor(s)  | Chapter | 7 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$77,825.63 2015 YTD: Debtor Data Driven Delivery Systems LLC

\$167,695.00 2014: Debtor 2014 Taxes \$246,614.00 2013: Debtor 2013 Taxes

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR PAYMENTS/ VALUE OF TRANSFERS TRANSFERS

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Revaz Chachanashvili Law Group PLLC 285 Passaic Street Hackensack, NJ 07601 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR September 16, 2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$2,000.00

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### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

ANSFER(S) IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

TE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND

NAME (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None h

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

eontrois, or notes 5 percent of more of the voting of e

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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B7 (Official Form 7) (04/13)

8

### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | October 21, 2015 | Signature | /s/ Henry Reyes |
|------|------------------|-----------|-----------------|
|      |                  |           | Henry Reyes     |
|      |                  |           | Debtor          |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

### United States Bankruptcy Court District of New Jersey

|                 |   | District of              | new jeisey       |   |                                  |
|-----------------|---|--------------------------|------------------|---|----------------------------------|
| In re           | Henry Reyes   |                          |                  | Case No.                                    |                                  |
|                 |   | Ε                        | Debtor(s)        | Chapter                                     | 7                                |
|                 | CHAPTER 7 IND   | DIVIDUAL DEBTO           | R'S STATEN       | MENT OF INTEN                               | TION                             |
| PART            | <b>A</b> - Debts secured by property of property of the estate. Attach ad   |                          |                  | ompleted for EACl                           | H debt which is secured by       |
| Proper          | ty No. 1  |                          |                  |   |                                  |
|                 | or's Name:<br>ar Bank   |                          |                  | perty Securing Debt<br>treet, New Milford N |                                  |
|                 |   |                          |                  | 0% Interest Shared<br>sently separated      | d with wife from whom            |
| Proper          | ty will be (check one):   |                          |                  |   |                                  |
| -               | Surrendered   | ■ Retained               |                  |   |                                  |
|                 | ning the property, I intend to (check a Redeem the property Reaffirm the debt  Other. Explain <b>Retain and continu</b> |                          | mple, avoid lie  | n using 11 U.S.C. § 5                       | 522(f)).                         |
| Proper          | ty is (check one):  |                          |                  |   |                                  |
|                 | Claimed as Exempt   |                          | ☐ Not claimed    | d as exempt                                 |                                  |
| Proper          | ty No. 2  |                          |                  |   |                                  |
|                 | or's Name:<br>a / HSBC  |                          |                  | perty Securing Debt<br>Wave Runner          | :                                |
| Proper          | ty will be (check one):   |                          |                  |   |                                  |
| -               | Surrendered   | ■ Retained               |                  |   |                                  |
|                 | ning the property, I intend to (check a Redeem the property   | t least one):            |                  |   |                                  |
|                 | Reaffirm the debt   |                          |                  |   |                                  |
|                 | Other. Explain  | (for example, avo        | id lien using 11 | U.S.C. § 522(f)).                           |                                  |
| Proper          | ty is (check one):  |                          |                  |   |                                  |
|                 | Claimed as Exempt   |                          | ☐ Not claimed    | d as exempt                                 |                                  |
|                 | <b>B</b> - Personal property subject to unexadditional pages if necessary.)   | pired leases. (All three | columns of Par   | rt B must be complete                       | ed for each unexpired lease.     |
| Proper          | ty No. 1  |                          |                  |   |                                  |
| Lessor<br>-NONE | 's Name:<br>-   | Describe Leased Pro      | perty:           | Lease will be U.S.C. § 365 ☐ YES            | e Assumed pursuant to 11 (p)(2): |

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B8 (Form 8) (12/08) Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

| Date | October 21, 2015 | Signature | /s/ Henry Reyes |  |
|------|------------------|-----------|-----------------|--|
|      |                  |           | Henry Reyes     |  |
|      |                  |           | Debtor          |  |

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### United States Bankruptcy Court District of New Jersey

| In re  | Henry Reyes   |  | Case No.                                   |                         |              |
|--------|---|--|--|-------------------------|--------------|
|        |   | Debtor(s)  | Chapter                                    | 7                       |              |
|        | DISCLOSURE OF   | COMPENSATION OF ATTORNE  | Y FOR DE                                   | EBTOR(S)                |              |
| C      | compensation paid to me within one year   | uptcy Rule 2016(b), I certify that I am the attorney to<br>before the filing of the petition in bankruptcy, or ago<br>ontemplation of or in connection with the bankrupt   | reed to be paid                            | to me, for services ren | ndered or to |
|        | For legal services, I have agreed to a  | ccept  | \$   | 2,000.00                |              |
|        | Prior to the filing of this statement I   | nave received  | \$   | 2,000.00                |              |
|        |   |  | \$   | 0.00                    |              |
| 2. \$  | \$335.00 of the filing fee has been p   | aid.   |  |                         |              |
| 3. 7   | The source of the compensation paid to m  | e was:   |  |                         |              |
|        | ■ Debtor □ Other (specify   | ):   |  |                         |              |
| 4. 7   | The source of compensation to be paid to  | me is:   |  |                         |              |
|        | ■ Debtor □ Other (specify   | ):   |  |                         |              |
| 5. I   | ■ I have not agreed to share the above-c  | isclosed compensation with any other person unless   | s they are mem                             | bers and associates of  | my law firm. |
| I      |   | osed compensation with a person or persons who ar<br>a list of the names of the people sharing in the comp   |  |                         | w firm. A    |
| 6.     | In return for the above-disclosed fee, I ha   | we agreed to render legal service for all aspects of the   | ne bankruptcy c                            | ase, including:         |              |
| t<br>c | <ul> <li>b. Preparation and filing of any petition,</li> <li>c. Representation of the debtor at the med</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured of</li> </ul> | tion, and rendering advice to the debtor in deterministic schedules, statement of affairs and plan which may eting of creditors and confirmation hearing, and any creditors to reduce to market value; exemption applications as needed; preparation and liens on household goods. | be required;  adjourned hea  ion planning; | rings thereof;          | iling of     |
| 7. I   | By agreement with the debtor(s), the abov<br>Representation of the debto<br>any other adversary proceed   | e-disclosed fee does not include the following serviers in any dischargeability actions, judicial liding.  | ce:<br><b>ien avoidanc</b>                 | es, relief from stay    | actions or   |
|        |   | CERTIFICATION  |  |                         |              |
|        | I certify that the foregoing is a complete spankruptcy proceeding.  | atement of any agreement or arrangement for paym   | ent to me for re                           | presentation of the del | btor(s) in   |
| Dated  | d: October 21, 2015   | /s/ Daniel Kohn  |  |                         |              |
|        |   | Daniel Kohn Revaz Chachanashvili 285 Passaic Street Hackensack, NJ 07601   | 1  | PLLC                    |              |

## UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

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B 201B (Form 201B) (12/09)

## **United States Bankruptcy Court**

|         |   | area states Ballin aprej eo                     | <b>41</b> 0          |                              |
|---------|---|---|----------------------|------------------------------|
|         |   | <b>District of New Jersey</b>                   |                      |                              |
| In re   | Henry Reyes                                 |   | Case No.             |                              |
|         |   | Debtor(s)                                       | Chapter              | 7                            |
|         |   | N OF NOTICE TO CONSUN<br>342(b) OF THE BANKRUPT |                      | ( <b>S</b> )                 |
|         |   | <b>Certification of Debtor</b>                  |                      |                              |
|         | I (We), the debtor(s), affirm that I (we) h | ave received and read the attached no           | otice, as required b | y § 342(b) of the Bankruptcy |
| Code.   |   |   |                      |                              |
| Henry   | Reyes                                       | X /s/ Henry Rey                                 | es                   | October 21, 2015             |
| Printed | d Name(s) of Debtor(s)                      | Signature of D                                  | ebtor                | Date                         |
| Case N  | No. (if known)                              | X   |                      |                              |
|         |   | Signature of Jo                                 | oint Debtor (if any) | Date                         |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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### United States Bankruptcy Court District of New Jersey

|                                 |                               | District of New Jersey                                    |                 |                       |  |  |  |  |  |
|---------------------------------|-------------------------------|---|-----------------|-----------------------|--|--|--|--|--|
| In re                           | Henry Reyes                   |   | Case No.        |                       |  |  |  |  |  |
|                                 |                               | Debtor(s)   | Chapter         | 7                     |  |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX |                               |   |                 |                       |  |  |  |  |  |
| The abo                         | ove-named Debtor hereby verif | fies that the attached list of creditors is true and corr | ect to the best | of his/her knowledge. |  |  |  |  |  |
| Date:                           | October 21, 2015              | /s/ Henry Reyes   |                 |                       |  |  |  |  |  |
|                                 |                               | Henry Reyes   |                 |                       |  |  |  |  |  |

Signature of Debtor

American Express Attn. Billing & Bankruptcy Dept. P.O. Box 981535 El Paso, TX 79998

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American Express Attn. Billing & Bankruptcy Dept. P.O. Box 981535 El Paso, TX 79998

American Honda Finance Attn. Bankruptcy Dept. PO Box 168088 Irving, TX 75016 Amex Dsnb 9111 Duke Blvd Mason, OH 45040

Capital 1 / Best Buy Best Buy Credit Services Attn. Bankruptcy Dept. PO Box 790441 Saint Louis, MO 63179

Capital One Attn: Bankruptcy Pob 30253 Salt Lake City, UT 84130

Capital One Retail Srvcs / Lord & Taylor Attn. Bankruptcy Dept. PO Box 30258 Salt Lake City, UT 84130-0258

Chase Attn. Bankruptcy Dept. PO Box 6026 Chicago, IL 60680

Chase Card Services Attn: Bankruptcy Dept. Po Box 15298 Wilmington, DE 19850

Chase Card Services Attn:Bankruptcy Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Attn: Bankruptcy Dept. PO Box 15298 Wilmington, DE 19850

Chase Manhattan Mortgage Attn: Bankruptcy Dept. 3415 Vision Drive Columbus, OH 43219 Dept. of Education / Aspire Resources Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265

Dept. of Education / Aspire Resources Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265

Dept. of Education / Aspire Resources Attn. Bankruptcy Dept. PO Box 65970 West Des Moines, IA 50265

Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040

Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040

Dsnb Macys Macy's Bankruptcy Department Po Box 8053 Mason, OH 45040

Flagstar Bank Attn: Bankruptcy Dept. 5151 Corporate Drive Troy, MI 48098

Nationwide Acceptance Corp. Attn. Bankruptcy Dept. 105 Decker Court Suite 725 Irving, TX 75062

NYU Hospitals Center Attn. Billing & Bankruptcy Dept. PO Box 415234 Boston, MA 02241-5234 Synchrony Bank / Amazon Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076

Synchrony Bank/Lord & Taylor Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Lord & Taylor Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

US Dept. of Education Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116

US Dept. of Education Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116

US Dept. of Education Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116

US Dept. of Education Attn: Bankruptcy Dept. PO Box 16448 Saint Paul, MN 55116

Yamaha / HSBC Attn: Bankruptcy Dept. PO Box 5264 Carol Stream, IL 60197

Yamaha / HSBC Attn: Bankruptcy Dept. PO Box 5264 Carol Stream, IL 60197

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| <b>=::::</b> :         | in this into   | man a time to district the control of the control o |   |  |                      |                                   |  |                                 |
|------------------------|--|--|---|--|----------------------|-----------------------------------|--|---------------------------------|
| FIII                   | in this into   | rmation to identify your case:   |   |  |                      | ie box only a<br>\-1Supp:         | s directed in this for                             | m and in                        |
| Debt                   | tor 1  | Henry Reyes  |   |  | 1111 ZZF             | <b>ι-</b> ι συρρ.                 |  |                                 |
| Dak                    | · 0  |  |   |  | □ ₄ ть               |                                   | umption of abuse                                   |                                 |
| Debt<br>(Spc           | tor 2<br>buse, if filing                             | a)   |   |  | □ 1. 11<br>_         | iere is no pres                   | umption of abuse                                   |                                 |
|                        |  |  |   |  |                      |                                   | o determine if a presu                             | •                               |
| Unite                  | ed States E  | Bankruptcy Court for the: District of New Jerse  | еу  |  |                      |                                   | nade under <i>Chapter 7</i> icial Form 22A-2).     | Means Test                      |
| Case                   | e number   |  |   |  |                      | `                                 | does not apply now be                              | ecause of                       |
| (if kr                 | nown)  |  |   |  |                      |                                   | service but it could a                             |                                 |
|                        |  |  |   |  | □ Cha                | ock if this is a                  | n amended filing                                   |                                 |
| ∩ff                    | icial F  | orm 22A - 1  |   |  |                      |                                   | in amenaca illing                                  |                                 |
|                        |  |  | ont Mar   | athly lpo  |                      |                                   |  |                                 |
| GI1                    | apter  | 7 Statement of Your Curr   | ent wor   | itiliy ilic  | OIIIE                | <del></del>                       |  | 12/14                           |
| spac<br>addit<br>you c | e is neede<br>tional page<br>do not hav<br>umption o | e and accurate as possible. If two married p<br>d, attach a separate sheet to this form. Includes, write your name and case number (if known and case number of the primarily consumer debts or because of the fabuse Under § 707(b)(2) (Official Form 22) Iculate Your Current Monthly Income   | ude the line no<br>own). If you be<br>qualifying mili | umber to whice<br>elieve that you<br>tary service, o | ch the a             | additional info<br>empted from    | ormation applies. On<br>a presumption of ab        | the top of any use because      |
| 1.                     | What is y  | our marital and filing status? Check one only  | /.  |  |                      |                                   |  |                                 |
|                        | _  | arried. Fill out Column A, lines 2-11.   |   |  |                      |                                   |  |                                 |
|                        | ☐ Marrie   | d and your spouse is filing with you. Fill out   | both Columns  | A and B, lines                                       | 2-11.                |                                   |  |                                 |
|                        | ■ Marrie   | d and your spouse is NOT filing with you. Y  | ou and vour s   | spouse are:  |                      |                                   |  |                                 |
|                        |  | ng in the same household and are not legal   | •   | -  | olumns               | A and B. lines                    | 2-11.  |                                 |
|                        | ■ Livii<br>pen                                       | ng separately or are legally separated. fill ou alty of perjury that you and your spouse are leg g apart for reasons that do not include evading   | t Column A, lin                                       | es 2-11; do no<br>I under nonbar                     | t fill out           | Column B. By law that appli       | checking this box, you                             |                                 |
| of<br>in               | ase. 11 U.S<br>your mont<br>come amo                 | rerage monthly income that you received from the following that you are filing to the filling control of the filling that the filling control of the filling that the filling th | on September of income for al sees own the sa         | 15, the 6-mont<br>I 6 months and                     | h period<br>d divide | I would be Mar<br>the total by 6. | ch 1 through August 3<br>Fill in the result. Do no | 1. If the amount of include any |
|                        |  |  |   |  | Colum<br>Debto       |                                   | Column B Debtor 2 or non-filing spouse             |                                 |
| 2.                     |  | ss wages, salary, tips, bonuses, overtime, and deductions).  | nd commissio  | ons (before  | \$                   | 8,014.03                          | \$   |                                 |
| 3.                     | Alimony a  | and maintenance payments. Do not include p is filled in.   | ayments from  | a spouse if  | \$                   | 0.00                              | \$   |                                 |
| 4.                     | All amour<br>of you or<br>from an ur<br>and roomr    | nts from any source which are regularly paid<br>your dependents, including child support. In<br>nmarried partner, members of your household,<br>mates. Include regular contributions from a spoon on tinclude payments you listed on line 3.   | nclude regular<br>your depende                        | contributions nts, parents,                          | \$                   | 0.00                              | \$   |                                 |
| 5.                     | Net incom  | ne from operating a business, profession, o  | r farm  |  |                      |                                   |  |                                 |
|                        | Gross rece   | eipts (before all deductions)  | \$  |  |                      |                                   |  |                                 |
|                        | Ordinary a   | and necessary operating expenses   | -\$ 0.00  |  |                      |                                   |  |                                 |
|                        | Net month  | ly income from a business, profession, or farm   | 0.00  | Copy here ->   | \$                   | 0.00                              | \$   |                                 |
| 6.                     |  | ne from rental and other real property   | Φ 0.00  |  |                      |                                   |  |                                 |
|                        |  | eipts (before all deductions)  | \$ 0.00   |  |                      |                                   |  |                                 |
|                        | -  | and necessary operating expenses   | -\$ 0.00  | Conv.horo  | œ.                   | 0.00                              | ¢  |                                 |
|                        |  | ly income from rental or other real property   | \$  | Copy here ->   | . —                  | 0.00                              | \$   |                                 |
| 7.                     | Interest, o  | dividends, and royalties   |   |  | \$                   | 0.00                              | Ψ  |                                 |

Official Form 22A-1

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| ebtor 1          | Henry Reyes  |  |         | Case number           | er ( <i>if known</i> ) |                              |          |   |
|------------------|--|--|---------|-----------------------|------------------------|------------------------------|----------|---|
|                  |  |  |         | Column A Debtor 1     |                        | Column E Debtor 2 non-filing | or       | se  |
| 3. <b>Un</b>     | employment compensation  |  |         | \$                    | 0.00                   | \$                           |          | \$ 8,014.03   Total current month income   \$ 96,168.36   \$ 96,168.36   \$ 90,863.00 |
| und              | not enter the amount if you contend that the amour der the Social Security Act. Instead, list it here:   |  | t       |                       |                        |                              |          |   |
| F                | For you \$ For your spouse \$  | 0.0  | 0       |                       |                        |                              |          |   |
|                  |  |  | _       |                       |                        |                              |          |   |
| ber              | nsion or retirement income. Do not include any ar<br>nefit under the Social Security Act.  |  |         | \$                    | 0.00                   | \$                           |          |   |
| Do<br>rec<br>dor | ome from all other sources not listed above. Sp. not include any benefits received under the Social seived as a victim of a war crime, a crime against humestic terrorism. If necessary, list other sources on al on line 10c. | Security Act or payment<br>imanity, or international | s<br>or |                       |                        |                              |          |   |
| •                | 10a  |  |         | \$                    | 0.00                   | \$                           |          |   |
|                  | 10b  |  |         | \$                    | 0.00                   | \$                           |          |   |
| •                | 10c. Total amounts from separate pages, if any.  |  | +       | \$                    | 0.00                   | \$                           |          |   |
|                  | Iculate your total current monthly income. Add linch column. Then add the total for Column A to the total  |  | \$      | 8,014.03              | + \$                   |                              | = \$     | 8,014.03  |
|                  |  | Į  |         |                       |                        |                              | ┙┕       | otal current month  |
| 2:               | Determine Whether the Means Test Applies t   | to You   |         |                       |                        |                              |          |   |
|                  |  |  |         |                       |                        |                              |          |   |
|                  | lculate your current monthly income for the year   | •  |         | _                     |                        |                              |          |   |
| 12a              | a. Copy your total current monthly income from line  | 11   |         | Сор                   | y line 11              | here=> 12                    | ²a.  \$_ | 8,014.03  |
|                  | Multiply by 12 (the number of months in a year)  |  |         |                       |                        |                              |          | <b>x</b> 12   |
| 12b              | o. The result is your annual income for this part of th  | ne form  |         |                       |                        | 12                           | 2b. \$   | 96,168.36   |
|                  |  |  |         |                       |                        |                              |          |   |
| Cal              | culate the median family income that applies to  | you. Follow these steps                              | s:      |                       |                        |                              |          |   |
| Fill             | in the state in which you live.  | NJ   |         |                       |                        |                              |          |   |
|                  |  |  |         |                       |                        |                              |          |   |
| Fill             | in the number of people in your household.   | 3  |         |                       |                        |                              | _        |   |
| Fill             | in the median family income for your state and size  | of household.  |         |                       |                        | 13                           | 3.  \$   | 90,863.00   |
|                  |  |  |         |                       |                        |                              |          |   |
| . Ho             | w do the lines compare?  |  |         |                       |                        |                              |          |   |
| 14a              | a. Line 12b is less than or equal to line 13. C<br>Go to Part 3.   | On the top of page 1, che                            | eck bo  | ox 1, <i>There is</i> | no presui              | mption of ab                 | iuse.    |   |
| 14t              | <ul> <li>Line 12b is more than line 13. On the top</li> <li>Go to Part 3 and fill out Form 22A-2.</li> </ul>   | of page 1, check box 2,                              | The p   | oresumption (         | of abuse is            | determined                   | 1 by Fo  | rm 22A-2.   |
| 3:               | Sign Below   |  |         |                       |                        |                              |          |   |
|                  | By signing here, I declare under penalty of perjury  | that the information on                              | this s  | tatement and          | d in any at            | tachments is                 | s true a | and correct.  |
|                  | X /s/ Henry Reyes  |  |         |                       |                        |                              |          |   |
|                  | Henry Reyes Signature of Debtor 1  |  |         |                       |                        |                              |          |   |
| Da               | ate October 21, 2015 MM / DD / YYYY  |  |         |                       |                        |                              |          |   |
|                  | If you checked line 14a, do NOT fill out or file For   | m 22A-2  |         |                       |                        |                              |          |   |
|                  |  |  |         |                       |                        |                              |          |   |
|                  | If you checked line 14b, fill out Form 22A-2 and fill  | ie it with this form.                                |         |                       |                        |                              |          |   |

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| Fill in this information to identify your case:   | Check one box only as directed in lines 40 or 42:         |
|---|---|
| Debtor 1 Henry Reyes  | 01 42.  |
| Debtor 2  | According to the calculations required by this Statement: |
| (Spouse, if filing)   | There is no procuration of abuse                          |
| United States Bankruptcy Court for the: District of New Jersey  | ■ 1. There is no presumption of abuse.                    |
| Case number(if known)   | ☐ 2. There is a presumption of abuse.                     |
|   | ☐ Check if this is an amended filing                      |
| Official Form 22A - 2   |   |
| Chapter 7 Means Test Calculation  | 12/14   |
| To fill out this form, you will need your completed copy of Chapter 7 Staten  |   |
| Be as complete and accurate as possible. If two married people are filing to  |   |
| space is needed, attach a separate sheet to this form, Include the line numl additional pages, write your name and case number (if known).                      |   |
| Part 1: Calculate Your Adjusted Income  |   |
| Copy your total current monthly income. Copy line 11  | from Official Form 22A-1 here=> 1. \$ 8,014.03            |
| 2. Did you fill out Column B in Part 1 of Form 22A-1?   |   |
| ■ No. Fill in \$0 on line 3d.   |   |
| ☐ Yes. Is your spouse Filing with you?  |   |
| ☐ No. Go to line 3.   |   |
| ☐ Yes. Fill in \$0 on line 3d.  |   |
| Li Tes. Till III 40 OIT III e 3u.   |   |
| <ol> <li>Adjust your current monthly income by subtracting any part of your se<br/>household expenses of you or your dependents. Follow these steps:</li> </ol> | pouse's income not used to pay for the                    |
| ■ No. Fill in \$0 on line 3d.   |   |
| ☐ Yes. Fill in the information below:   |   |
|   |   |
| State each purpose for which the income was used  | Fill in the amount you                                    |
| For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.  | are subtracting from your spouse's income                 |
| 3a  | \$  |
| 3b  | _ \$  |
|   | ¢.  |
| 3c  | _ \$  |
| 3d. <b>Total.</b> Add lines 3a, 3b, and 3c  | \$  |
|   | Copy total here=>3d \$                                    |
|   |   |
| 4. Adjust your current monthly income. Subtract line 3d from line 1.  | \$8,014.03  |
|   |   |

Official Form 22A-2

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| btor 1                          | Henry Reyes  | Case number (if known)   |
|---------------------------------|--|--|
| rt 2:                           | Calculate Your Deductions from Your Incom  | ne e   |
| to and instrument of you income | swer the questions in lines 6-15. To find the IRS actions for this form. This information may also out the expense amounts set out in lines 6-15 regard ar actual expenses if they are higher than the standard or actual expenses if they are higher than the standard or actual expenses if they are higher than the standard or actual expenses if they are higher than the standard or actual expenses if they are higher than the standard or actual expenses if they are higher than the standard or actual expenses in the standard or actual expenses | less of your actual expense. In later parts of the form, you will use some ards. Do not deduct any amounts that you subtracted fro your spouse's es that you subtracted from in income in lines 5 and 6 of form 22A-1.               |
| •                               |  | th you and your spouse if Column B of Form 22A-1 is filled in.   |
| 5. 1                            | The number of people used in determining your  | deductions from income   |
| þ                               | Fill in the number of people who could be claimed a<br>blus the number of any additional dependents whom<br>he number of people in your household.   |  |
| Natio                           | nal Standards You must use the IRS Nat   | ional Standards to answer the questions in lines 6-7.  |
| 7. <b>(</b><br>t                | Standards, fill in the dollar amount for food, clothing  Out-of-pocket health care allowance: Using the n he dollar amount for out-of-pocket health care. The  | umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and ave a higher IRS allowance for health care costs. If your actual expenses are |
| Peop                            | le who are under 65 years of age   |  |
| 7                               | 7a. Out-of-pocket health care allowance per person   | n \$ <b>60</b>   |
| 7                               | 7b. Number of people who are under 65  | X3   |
| 7                               | 7c. Subtotal. Multiply line 7a by line 7b.   | \$180.00 Copy line 7c here=> \$180.00  |
| Peop                            | le who are 65 years of age or older  |  |
| 7                               | 7d. Out-of-pocket health care allowance per person   | n \$144_   |
| 7                               | 7e. Number of people who are 65 or older   | X0   |
| 7                               | 7f. <b>Subtotal.</b> Multiply line 7d by line 7e.  | \$ \$ Copy line 7f here=> \$ 0.00  |
| 7                               | <sup>7</sup> g. T <b>otal.</b> Add line 7c and line 7f   | \$ Copy total here=> 7g. \$ 180.00   |
|                                 |  |  |

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| Debtor 1             | <u> </u>             | lenry Reyes  |                |                  | Case number (if known)                                 |
|----------------------|----------------------|--|----------------|------------------|--|
| Loca                 | al St                | andards You must use the IRS Local Standards to an   | nswer the      | questions in lin | nes 8-15.  |
| bank<br>Hous<br>Hous | krup<br>sing<br>sing | on information from the IRS, the U.S. Trustee Program<br>of the purposes into two parts:  g and utilities - Insurance and operating expenses g and utilities - Mortgage or rent expenses were the questions in lines 8-9, use the U.S. Trustee Program |                |                  | Local Standard for housing for                         |
|                      | nd tl                | he chart, go online using the link specified in the separat  | •              |                  | rm. This chart may also be available at the bankruptcy |
|                      |                      | using and utilities - Insurance and operating expense<br>n the dollar amount listed for your county for insurance a  |                |                  |  |
| 9.                   | Ηοι                  | using and utilities - Mortgage or rent expenses:   |                |                  |  |
|                      | 9a.                  | Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses.  | n the dollar   | amount           | 9a. \$ <b>2,716.00</b>                                 |
|                      | 9b.                  | Total average monthly payment for all mortgages and  | other debt     | s secured by y   | your home.   |
|                      |                      | To calculate the total average monthly payment, add a contractually due to each secured creditor in the 60 months for bankruptcy. Then divide by 60.   |                |                  |  |
|                      |                      | Name of the creditor   | Average paymer | e monthly<br>nt  |  |
|                      |                      | Flagstar Bank  | \$             | 3,335.66         |  |
|                      |                      | 9b. Total average monthly payment  | \$             | 3,335.66         | Copy line 9b here=> -\$                                |
|                      | 9c.                  | Net mortgage or rent expense.  |                |                  |  |
|                      |                      | Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter \$  |                |                  | 9c. \$ 0.00   Copy   line 9c   here=> \$ 0.00          |
|                      |                      | ou claim that the U.S. Trustee Program's division of ects the calculation of your monthly expenses, fill in  |                |                  |  |
|                      | Ex                   | xplain why:  |                |                  |  |
| 11.                  | Loc                  | cal transportation expenses: Check the number of veh   | nicles for w   | hich you claim   | n an ownership or operating expense.                   |
|                      |                      | 0. Go to line 14.  |                |                  |  |
|                      |                      | 1. Go to line 12.  |                |                  |  |
|                      |                      | 2 or more. Go to line 12.  |                |                  |  |
|                      |                      | nicle operation expense: Using the IRS Local Standard rating expenses, fill in the Operating Costs that apply fo   |                |                  |  |
|                      |                      |  |                |                  |  |

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| Debtor 1 | Henry               | / Reyes  |                       | Cas                 | se number (if kno | wn)           |                                       |       |
|----------|---------------------|--|-----------------------|---------------------|-------------------|---------------|---------------------------------------|-------|
|          |                     | ownership or lease expense: Using the IRS Local of not claim the expense if you do not make any loan of  |                       |                     | et ownership      | or lease      | expense for each vehicle be           | elow. |
| Vel      | nicle 1             | Describe Vehicle 1:  |                       |                     |                   |               |                                       |       |
| 13a.     | Ownersh             | ip or leasing costs using IRS Local Standard   |                       | 13a.                | \$                | 0.00          |                                       |       |
|          | •                   | monthly payment for all debts secured by Vehicle 1. clude costs for leased vehicles.   |                       |                     |                   |               |                                       |       |
|          | To calcul are contr | ate the average monthly payment here and on line 1 actually due to each secured creditor in the 60 month cy. Then divide by 60.                                    |                       |                     |                   |               |                                       |       |
|          | Nan                 | ne of each creditor for Vehicle 1  | Average month payment | hly                 |                   |               |                                       |       |
|          | -NC                 | DNE-   | \$                    |                     |                   |               |                                       |       |
|          |                     |  |                       | Copy 13b<br>here => | -\$               | 0.00          |                                       |       |
|          |                     | cle 1 ownership or lease expense<br>line 13b from line 13a. if this amount is less than \$0,   | , enter \$0.          | 13c.                | \$                | 0.00          | Copy net Vehicle 1 expense here => \$ | .00   |
|          | nicle 2             | Describe Vehicle 2:  ip or leasing costs using IRS Local Standard  |                       | 13d.                | \$                | 0.00          |                                       |       |
|          |                     | monthly payment for all debts secured by Vehicle 2.  | Do not include o      |                     | Φ                 | 0.00          |                                       |       |
|          | leased ve           |  | Do not morado e       |                     |                   |               |                                       |       |
|          | Nan                 | ne of each creditor for Vehicle 2  | Average month payment | hly                 |                   |               |                                       |       |
|          |                     |  | \$                    |                     |                   |               |                                       |       |
|          |                     |  |                       | Copy 13e<br>here => | -\$               | 0.00          |                                       |       |
|          |                     | cle 2 ownership or lease expense<br>line 13b from line 13a. if this amount is less than \$0,   | , enter \$0.          | 13f.                | \$                | 0.00          | Copy net Vehicle 2 expense here => \$ | .00   |
| 14.      |                     | ransportation expense: If you claimed 0 vehicles in tation expense allowance regardless of whether you   |                       |                     | al Standards      | , fill in the | Public \$0                            | .00   |
|          | also dedu           | al public transportation expense: If you claimed 1 uct a public transportation expense, you may fill in whome than the IRS Local Standard for <i>Public Transp</i> | hat you believe is    |                     |                   |               | ou may                                | .00   |

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Debtor 1 Henry Reyes Case number (if known)

| Oth | Other Necessary Expenses In addition to the expense deductions listed above, you a the following IRS categories.  | re allowed your monthly expenses for                        |          |
|-----|---|---|----------|
| 16. | 6. Taxes: The total monthly amount that you will actually owe for federal, state and loca self-employment taxes, social security taxes, and Medicare taxes. You may include the from your pay for these taxes. However, if you expect to receive a tax refund, you must and subtract that number from the total monthly amount that is withheld to pay for Do not include real estate, sales, or use taxes. | ne monthly amount withheld st divide the expected refund by | 3,482.18 |
| 17. | <ol> <li>Involuntary deductions: The total monthly payroll deductions that your job requires, contributions, union dues, and uniform costs.</li> </ol>  | such as retirement  |          |
|     | Do not include amounts that are not required by your job, such as voluntary 401(k) co   | ontributions or payroll savings.                            | 0.00     |
| 18. | <ol> <li>Life Insurance: The total monthly premiums that you pay for your own term life insur<br/>filing together, include payments that you make for your spouse's term life insurance.<br/>life insurance on your dependents, for a non-filing spouse's life insurance, or for any f<br/>term.</li> </ol>   | Do not include premiums for                                 | 0.00     |
| 19. | 9. <b>Court-ordered payments:</b> The total monthly amount that you pay as required by the administrative agency, such as spousal or child support payments.  | order of a court or   |          |
|     | Do not include payments on past due obligations for spousal or child support. You will  | II list these obligations in line 35. $\qquad $$ _          | 0.00     |
| 20. | 20. <b>Education:</b> The total monthly amount that you pay for education that is either require as a condition for your job, or for your physically or mentally challenged dependent child if no public education is av  | •   | 0.00     |
| 21. | 21. <b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, preschool.  | daycare, nursery, and                                       |          |
|     | Do not include payments for any elementary or secondary school education.   | \$_   | 350.00   |
| 22. | 22. Additional health care expenses, excluding insurance costs: The monthly amount that is required for the health and welfare of you or your dependents and that is not reby a health savings account. Include only the amount that is more than the total enter.  | eimbursed by insurance or paid                              |          |
|     | Payments for health insurance or health savings accounts should be listed only in line  | e 25. \$ _  | 0.00     |
| 23. | 23. Optional telephone and telephone services: The total monthly amount that you pa<br>services for you and your dependents, such as pagers, call waiting, caller identification<br>business cell phone service, to the extent necessary for your health and welfare or the<br>production of income, if it is not reimbursed by your employer.  | on, special long distance, or                               |          |
|     | Do not include payments for basic home telephone, internet and cell phone service. I expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you   |   | 350.00   |
| 24. | 24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  | \$  | 6,628.18 |

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Debtor 1 Henry Reyes Case number (if known)

| Add | litional Expense Deductions These are additional deduct  | tions allowed by th | e Means Test.                           |    |      |  |
|-----|--|---------------------|---|----|------|--|
|     | Note: Do not include any ex  | pense allowances    | listed in lines 6-24.                   |    |      |  |
| 25. | and the second s |                     |   |    |      |  |
|     | Health insurance \$  | 0.00                |   |    |      |  |
|     | Disability insurance \$  | 0.00                |   |    |      |  |
|     | Health savings account + \$  | 0.00                |   |    |      |  |
|     |  |                     |   |    |      |  |
|     | Total \$   | 0.00                | Copy total here=>                       | \$ | 0.00 |  |
|     | Do you actually spend this total amount?   |                     | •                                       |    |      |  |
|     | ☐ No. How much do you actually spend?  |                     |   |    |      |  |
|     | ■ Yes \$_  |                     |   |    |      |  |
| 26. | Continued contributions to the care of household or fam continue to pay for the reasonable and necessary care and s of your household or member of your immediate family who is  | support of an elder | ly, chronically ill, or disabled member | \$ | 0.00 |  |
| 27. | <b>Protection against family violence.</b> The reasonably necess safety of you and your family under the Family Violence Prev  |                     |   |    |      |  |
|     | By law, the court must keep the nature of these expenses co  | onfidential.        |   | \$ | 0.00 |  |
| 28. | <b>Additional home energy costs.</b> Your home energy costs are allowance on line 8.   | e included in your  | non-mortgage housing and utilities      |    |      |  |
|     | If you believe that you have home energy costs that are more non-mortgage housing and utilities allowance, then fill in the  |                     |   |    |      |  |
|     | You must give your case trustee documentation of your actual amount claimed is reasonable and necessary.   | al expenses, and y  | ou must show that the additional        | \$ | 0.00 |  |
| 29. | Education expenses for dependent children who are you \$156.25* per child) that you pay for your dependent children public elementary or secondary school.   |                     |   |    |      |  |
|     | You must give your case trustee documentation of your actual claimed is reasonable and necessary and not already account   |                     |   |    |      |  |
|     | * Subject to adjustment on 4/01/16, and every 3 years after the  | hat for cases begu  | in on or after the date of adjustment.  | \$ | 0.00 |  |
| 30. | <b>Additional food and clothing expense.</b> The monthly amour higher than the combined food and clothing allowances in the than 5% of the food and clothing allowances in the IRS Natio   | e IRS National Sta  |   |    |      |  |
|     | To find a chart showing the maximum additional allowance, ginstructions for this form. This chart may also be available at   |                     |   |    |      |  |
|     | You must show that the additional amount claimed is reasonate  | able and necessa    | ry.                                     | \$ | 0.00 |  |
| 31. | <b>Continuing charitable contributions.</b> The amount that you instruments to a religious or charitable organization. 26 U.S.C  |                     |   | \$ | 0.00 |  |
| 32. | 32. Add all of the additional expense deductions Add lines 25 through 31.  |                     |   |    |      |  |

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Debtor 1 Henry Reyes Case number (if known)

| Dedu | ctions for Debt Payment   |  |       |                   |                               |                         |                     |      |
|------|---|--|-------|-------------------|-------------------------------|-------------------------|---------------------|------|
|      | or debts that are secured by an interestant, and other secured debt, fill in li | est in property that you own, including hom  | e mo  | ortgages, ve      | hicle                         |                         |                     |      |
| Т    |   | ayment, add all amounts that are contractually   | due 1 | to each secu      | red                           |                         |                     |      |
|      | Mortgages on your home:   | , ,  |       |                   |                               |                         | verage monthly      | ,    |
| 33a. | Copy line 9b here   |  |       |                   | =>                            |                         | 3,335.              | .66  |
|      | Loans on your first two vehicles  |  |       |                   |                               |                         |                     |      |
| 33b. | Copy line 13b here  |  |       |                   | =>                            | \$                      | 0.                  | .00  |
| 33c. | Copy line 13e here  |  |       |                   | =>                            | \$                      | 0.                  | .00  |
| Name | of each creditor for other secured debt   | Identify property that secures the debt  |       |                   | payment<br>e taxes or<br>nce? |                         |                     |      |
|      |   |  |       |                   | No                            |                         |                     |      |
| 33d. | Yamaha / HSBC   | 2014 Yamaha Wave Runner  |       |                   | Yes                           | \$                      | 154.                | .00  |
|      |   |  |       |                   | No                            | -                       |                     |      |
| 33e. |   |  |       |                   | Yes                           | \$                      |                     |      |
|      |   |  |       |                   |                               |                         |                     |      |
|      |   |  |       |                   | No                            | _                       |                     |      |
| 33f. |   |  |       | □                 | Yes                           | +\$                     |                     |      |
| 33g. | Total average monthly payment. Add I  | ines 33a through 33f   | \$    | 3,48              | 9.66                          | Copy<br>total<br>here=> | \$ 3,489            | 9.66 |
|      |   |  | L     |                   |                               |                         |                     |      |
|      |   | secured by your primary residence, a vehic<br>upport or the support of your dependents?  | cle,  |                   |                               |                         |                     |      |
|      | No. Go to line 35.  |  |       |                   |                               |                         |                     |      |
|      | ,   | st pay to a creditor, in addition to the payments ssion of your property (called the <i>cure amount</i> ) a information below. |       |                   |                               |                         |                     |      |
| Nam  | e of the creditor   | Identify property that secures the debt  |       | Total cure        | е                             |                         | Monthly cure amount | )    |
|      |   | 551 Asbury Street, New Milford NJ<br>07646   |       |                   |                               |                         |                     |      |
| Fla  | gstar Bank  | Debtor has 50% Interest Shared wi  | th    | \$ 16, <b>5</b> 1 | 1.30 <sub>÷ (</sub>           | a.a. •                  | 275.                | 19   |
| - 14 |   | separated  |       | \$                |                               | 50 = \$<br>50 = \$      |                     |      |
|      |   |  |       | \$<br>            |                               | 50 =      ф<br>50 = +\$ |                     |      |
|      |   |  |       | ·                 |                               | · Ψ                     |                     |      |
|      |   |  |       |                   |                               |                         |                     |      |
|      |   |  |       |                   | 5.19                          | Copy                    |                     |      |

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| Debtor 1 HeI | nry Reyes  | Case number (if known) |                    |        |  |
|--------------|--|------------------------|--------------------|--------|--|
|              | owe any priority claims such as a priority tax, child support, or alimony t due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.                | / - that               |                    |        |  |
| ■ No. □ Yes  | Go to line 36.  Fill in the total amount of all of these priority claims. Do not include current ongoing priority claims, such as those you listed in line 19. | t or                   |                    |        |  |
|              | Total amount of all past-due priority claims   | \$                     | <b>0.00</b> ÷ 60 = | \$0.00 |  |

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| Debtor 1       | Henr   | y Reyes  |               | Ca          | se numb | oer (if known)          |                         |                        |
|----------------|--|--|---------------|-------------|---------|-------------------------|-------------------------|------------------------|
| F              | or more  | eligible to file a case under Chapter 13? 11 U.S.C. § 10 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available | cs specified  |             |         | fice.                   |                         |                        |
|                | No.  | Go to line 37.   |               |             |         |                         |                         |                        |
|                | 」 Yes.   | Fill in the following information.   | Chantar 12    |             | œ       |                         |                         |                        |
|                |  | Projected monthly plan payment if you were filing under<br>Current multiplier for your district as stated on the list iss  | •             |             | \$      |                         |                         |                        |
|                |  | Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for United (for all other districts).  | tricts in Ala |             | X       |                         |                         |                        |
|                |  | Average monthly administrative expense if you were filing  | g under Ch    | apter 13    | \$.     |                         | Copy here=              |                        |
|                |  | of the deductions for debt payment.<br>s 33g through 36.   |               |             |         |                         |                         | \$\$                   |
| Total          | Deduc  | tions from Income  |               |             |         |                         |                         |                        |
| 38. <b>A</b>   | dd all o   | f the allowed deductions.  |               |             |         |                         |                         |                        |
|                |  | e 24, All of the expenses allowed under IRS<br>e allowances  | \$            | 6,628.1     | 8       |                         |                         |                        |
| (              | Copy lin   | e 32, All of the additional expense deductions   | \$            | 0.0         | 0       |                         |                         |                        |
| (              | Copy lin   | e 37, All of the deductions for debt payment   | +\$           | 3,764.8     | 5       |                         |                         |                        |
| -              | Total de   | ductions   | \$            | 10,393.0    | 3       | Copy total h            | ere=>                   | \$10,393.03            |
| Part 3:        | Det  | ermine Whether There is a Presumption of Abuse   |               |             |         |                         |                         |                        |
| 39. <b>C</b>   | alculate   | e monthly disposable income for 60 months  |               |             |         |                         |                         |                        |
| ;              | 39a. Co  | py line 4, adjusted current monthly income   | \$            | 8,014.0     | 3       |                         |                         |                        |
| ;              | 39b. Co  | py line 38, Total deductions   | -\$           | 10,393.0    | 3       |                         |                         |                        |
| ;              |  | nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a  | \$            | -2,379.0    | _       | Copy line<br>39c here=> | \$ <b>-2</b> ,          | 379.00                 |
| ı              | For the  | next 60 months (5 years)   |               |             |         |                         | x 60                    |                        |
| ;              | 39d. <b>To</b>   | tal. Multiply line 39c by 60   | 39d.          | \$          | 142,7   | 40.00                   | Copy line<br>39d here=> | \$142,740.00           |
| 40. <b>F</b> i | ind out  | whether there is a presumption of abuse. Check the b   | ox that app   | lies:       |         |                         | l                       |                        |
|                | The I  | ine 39d is less than \$7,475*. On the top of page 1 of this  | s form, ched  | k box 1, Ti | here is | s no presui             | mption of ab            | use. Go to Part 5.     |
|                |  | ine 39d is more than \$12,475*. On the top of page 1 of t  | his form, ch  | neck box 2, | There   | e is a presi            | umption of a            | buse. You may fill out |
|                | ☐ The line 39d is at least \$7,475*, but not more than \$12,475*. Go to line 41. |  |               |             |         |                         |                         |                        |
| *5             | Subject  | to adjustment on 4/01/16, and every 3 years after that for   | cases filed   | on or after | the da  | ate of adju             | stment.                 |                        |

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| ebtor 1    | Hen    | ry Reyes  | Case number (if known)   |
|------------|--------|---|--|
| 41.        | 41a.   | Fill in the amount of your total nonpriority unsecured debt. If you fille A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official form 6), you may refer to line 5 on that form. | ion<br>41a. \$<br>x .25  |
|            | 41b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A   | )(i)(1) \$   Copy here=>   \$  |
| 42 De      | etermi | Multiply line 41a by 0.25.  ne whether the income you have left over after subtracting all allowed  | deductions is enough to pay  |
| 25         | % of y | your unsecured, nonpriority debt.<br>ne box that applies:   | Total Control of Contr |
|            |        | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, p Part 5.   | There is no presumption of abuse.  |
|            |        | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances  |  |
| art 4:     | Giv    | ve Details About Special Circumstances  |  |
|            |        | we any special circumstances that justify additional expenses or adjust a laternative? 11 U.S.C. § $707(b)(2)(B)$ .   | tments of current monthly income for which there is no   |
| <b>I</b> N | lo. Go | o to Part 5.  |  |
|            |        | I in the following information. All figures should reflect your average monthlich item. You may include expenses you listed in line 25.   | y expense or income adjustment for   |
|            | ne     | ou must give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee documenta ljustments.   | the expenses or income adjustments ion of your actual expenses or income   |
|            | G      | Sive a detailed explanation of the special circumstances  | Average monthly expense or income adjustment   |
|            | _      |   | \$   |
|            | _      |   | \$   |
|            | _      |   | \$   |
|            | _      |   | \$   |
| art 5:     | Sic    | gn Below  |  |
|            |        | gning here, I declare under penalty of perjury that the information on this st  | atement and in any attachments is true and correct.  |
|            | x /s   | / Henry Reyes   |  |
|            | Н      | enry Reyes<br>gnature of Debtor 1   |  |
| Da         |        | ctober 21, 2015   |  |
|            | MI     | M/DD/YYYY   |  |

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Debtor 1 Henry Reyes Case number (if known)

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period **04/01/2015** to **09/30/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Data Driven Delivery Systems LLC

Year-to-Date Income:

Starting Year-to-Date Income: \$25,903.71 from check dated 3/27/2015. Ending Year-to-Date Income: \$73,987.91 from check dated 9/25/2015.

Income for six-month period (Ending-Starting): \$48,084.20.

Average Monthly Income: \$8,014.03.